Reviewe	d by Phys	sician		ALA	SKA	PRE-		SPITAI		ENT]	RE	PORT	
									IVILI)				
AMBULANCE	E NO.	I	RUN NO.	N	IO. DA	Y YEAI	ADDRES	SS					
ADDRESS OF	F INCIDENT	·		•			CITY			STATE	ZIP	PHONE	
PROBLEM RE	EPORTED AS:						SOCIAL	SECURITY NO.			DOB: 1	MO DAY	YEAR
DESTINATION	N						INSUREI	R		AGE	SEX	□ WHITE □ HIS	SP. ASIAN/PAC. ISLD
MED. CONTR	OL						NEXT O	F KIN				□ BLACK □ NA PHONE	AT. AM. UNKNOWN
			VITAL	SIGNS					D	RUGS/F	LUIDS	S	
Time	Pulse	B.P.	Resp.	Airway	Pupils	3	GCS	Skin	IVs.	Time	_	Med	Amount
				☐ Normal		Eye		□ Normal □ Pale	Soln				
			4	☐ Partly Obstruct.	L	Verb		☐ Sweaty	Loc				
		/		☐ Obstruct.	_	Total		☐ Cyanotic	Size				
				□SaO ₂	R	Unkı	nown 🗆		Attempts				
		/		☐ Normal		Eye		☐ Normal	Soln				
				☐ Partly Obstruct.	L	Verb		☐ Pale	Loc				
				☐ Obstruct.		Mote Total		☐ Sweaty ☐ Cyanotic	Size		_		
				□SaO ₂	R		nown 🗖		Attempts				
					HISTOF	RY							
Assessmen Treatment: -												CHIEF COMPLAI Trauma Burns Obe Alcohol Frostbite Poisoning Seizure Other Medical COCATION Home/Res. School Mountains Highway Recreation Unknown SAFETY EQUIPM	□ Cardiac □ Diabetes □ Drowning □ Respiratory □ Hypothermia □ Drug OD □ Behavioral □ Stroke □ Public Building □ Industry/Business □ Wild/Off-Road □ Boat/Water □ Medical Facility □ Other ENT USED □ Shoulder Belt
											— t	☐ PFD	□ Airbag Deployed□ Child Safety Seat
												□ None □ NA	□ Prot. Clothing□ Unknown
NATURE (OF CALL	TRA	ANSPORTED I	ВҮ Е	VENT	TIME	3	MILEAGE	OD	OMETER	1	PATIENT DISPOS	ITION
☐ Emergent		1	nd Ambulance	Incident (Start				☐ Treated/Transp☐ Treated/Transfe	
☐ Non-Eme	ergent	☐ Air Ar ☐ Helico	nbulance opter (Military)	Call Rece	eived			Scene				☐ Treated/Transp	orted by Private Veh.
☐ Scene ☐ Transfer		☐ Helico	opter (Commerc	cial) Arrived a				Destination				☐ Treated/Releas ☐ No Treatment R	
☐ Standby		☐ Air Ta:☐ Sched	xi luled Flight	Enroute v	v/Patient t Destination			Base				☐ Patient Refused	•
☐ Rendezvo		☐ Boat	_	Back in S				Total				☐ Dead at Scene☐ Cancelled	
☐ Not Appli ☐ Unknown		☐ Snow	mobile (specify)		nt Left with Pati	ent:		Personal Belong	gings with Patient:		_	No Patient Four	nd
			эрсену,								[WORK RELATI	ED
RESPONDER'	'S NAME			CERT. RESPOND	ER'S NAME		CERT.	RECORDER'S SIG	NATURE		- 1	SUSPECTED A SUSPECTED D	

This is to certify that I am refusing treatment/transport. I have been informed of the risk(s) involved, and hereby release the ambulance service, its attendants, and its affiliates, from all responsibility which may result from this action.

PATIENT SIGNATURE DATE/TIME

Reviewed by Phy yes no	rsician	ALASKA	PRE-H	OSPITAL	PATIENT	REPORT
NAME OF SERVICE						
AMBULANCE NO.	RUN NO.	MO. DA	YEAR			
ADDRESS OF INCIDENT		I				
PROBLEM REPORTED AS:						
DESTINATION			In	SURER	AGE	
MED. CONTROL						□ BLACK □ NAT. AM. □ UNKNOWN
		HISTOF	RY			
Chief Complaint/Mech	nanism of Injury:					
						CHIEF COMPLAINT/MOI
						☐ Trauma ☐ Cardiac ☐ Burns ☐ Diabetes
						☐ OB ☐ Drowning
						☐ Alcohol ☐ Respiratory ☐ Frostbite ☐ Hypothermia
						☐ Poisoning ☐ Drug OD
						☐ Seizure ☐ Behavioral ☐ Other Medical ☐ Stroke
						LOCATION
						☐ Home/Res. ☐ Public Building
						☐ School ☐ Industry/Business ☐ Mountains ☐ Wild/Off-Road
						☐ Highway ☐ Boat/Water
						☐ Recreation ☐ Medical Facility ☐ Unknown ☐ Other
						SAFETY EQUIPMENT USED Lap Belt Shoulder Belt
						☐ Helmet ☐ Airbag Deployed
						☐ PFD ☐ Child Safety Sear ☐ None ☐ Prot. Clothing
						□ NA □ Unknown
NATURE OF CALL	TRANSPORTED BY	EVENT	TIME	MILEAGE	ODOMETER	PATIENT DISPOSITION
☐ Emergent	☐ Ground Ambulance	Incident Occurred		Start		☐ Treated/Transported by EMS ☐ Treated/Transferred Care
☐ Non-Emergent	☐ Air Ambulance☐ Helicopter (Military)	Call Received Enroute		Scene		☐ Treated/Transported by Private Veh.
Scene	☐ Helicopter (Commercial)	Arrived at Scene		Destination		☐ Treated/Released☐ No Treatment Required
☐ Transfer ☐ Standby	☐ Air Taxi☐ Scheduled Flight	Enroute w/Patient		Base		□ Patient Refused Care
Rendezvous	☐ Scheduled Flight ☐ Boat	Arrived at Destination Back in Service		Total		☐ Dead at Scene
☐ Not Applicable ☐ Unknown	☐ Snowmobile	Equipment Left with Pati	ient:	Personal Belongings	s with Patient:	☐ Cancelled☐ No Patient Found
_ CHKHOWII	Other (specify)					☐ WORK RELATED
RESPONDER'S NAME	CERT.	RESPONDER'S NAME	(CERT. RECORDER'S SIGNATU	URE	☐ SUSPECTED ALCOHOL USE
						☐ SUSPECTED DRUG USE
orm 06-1368 (Rev. 5/99)		Conies: 1—Ambulance	Service 2—EMS	Agency 3—Emergency	Department	

Copies: 1—Ambulance Service 2—EMS Agency 3—Emergency Department

				ALA	SKA F	PRE-			_ PATIE	NT R	EPO	RT ((con't)	
NAME OF SE	RVICE						PATIENT'	'S NAME (Last, First,	M.L)					
AMBULANCE	E NO.	RU	N NO.	M	O. DAY	YEAI	ì							
							COCILI	CPC//PW/A/O		l no	NR. 140	DAV	VEAD	
							SOCIAL	SECURITY NO.			DB: MO	DAY	YEAR	
							-							
			7.77TDA.7.	GIGNG					22	NIGG /FILI	IDG			_
Time	Pulse	B.P.	Resp.	Airway	Pupils		GCS	Skin	IVs.	CUGS/FLU Time	IDS Me	ed.	Amount	
				□Normal		Eye		□ Normal	Soln					
				☐ Partly Obstruct.	L	Verb		☐ Pale☐ Sweaty	Loc					_
				☐ Obstruct.		Total		☐ Cyanotic	Size					
				□SaO ₂	R	Unkı	nown 🗆		Attempts					
				□Normal		Eye		☐ Normal	Soln					_
				☐ Partly Obstruct.	L	Verb		☐ Pale☐ Sweaty	Loc					
				☐ Obstruct.		Mote Total		☐ Cyanotic	Size					_
				□ SaO ₂	R	l	nown 🗖	<u> </u>	Attempts					
					HISTORY	7								
— Chief Colli	лашт меспа	anism of Injur	y. ———											
History:														
Assessmer	t:													
Treatment:														
											J			
RESPONDER	'S NAME			CERT. RESPONDI	ER'S NAME		CERT.	RECORDER'S SIG	NATURE]			
											1			

PUPIL SIZE CHART

1 2 3 4 5 6 7 8 9

GLASCOW COMA SCALE

BEST EYE RESPONSE

ADULT & CHILD	INFANT (12 MONTHS)	POINTS
Spontaneous	Spontaneous	4
To Command	To Voice	3
To Pain	To Pain	2
None	None	1
	TOTAL	

BEST VERBAL RESPONSE

ADULT & CHILD	INFANT (12 MONTHS)	POINTS
Oriented	Coos and Babbles	5
Confused	Irritable Cry	4
Inappropriate	Cries to Pain	3
Incomprehensible	Moans to Pain	2
None	None	1

BEST MOTOR RESPONSE

ADULT & CHILD	INFANT (12 MONTHS)	POINTS
Obeys Command	Spontaneous Movement	6
Localizes Pain	Withdraws (Touch)	5
Withdraws	Withdraws (Pain)	4
Flexion to Pain	Flexion to Pain	3
Extension to Pain	Extension to Pain	2
None	None	1

BEST EYE RESPONSE

Total: Best Eye Response	
Total: Best Verbal Response	
Total: Best Motor Response	
GLASCOW COMA SCORE	

EKG STRIPS